

 		SRI LANKA LAND DEVELOPMENT CORPORATION STATE MINISTRY OF COAST CONSERVATION & LOW-LYING LANDS DEVELOPMENT		(For office use only) Verification														
				Status	Checked by	Approved by												
				Qualified														
APPLICATION FOR THE POST OF				Not Qualified														
				Registration No.														
1.1 Title (Mr, Miss, Mrs, Dr)																		
1.2 Name with Initials (Eg. PERERA W.A.P.J.)																		
1.3 Full Name in English																		
1.4 Full Name in Sinhala/ Tamil																		
2.1 Permeant Address in English																		
2.2 Postal Address in English																		
		2.2 District																
2.2 Postal Address in Sinhala/ Tamil																		
3.1 Are you citizen of Sri Lanka		Yes / No	3.2 N.I.C. Number															
4.1 Gender (cut inappropriate word)		Male / Female	4.2 Civil Status (cut inappropriate word)		Single / Married													
5. Contact details																		
Telephone		Mobile			Fax													
		Land			Email													
6. Date of Birth		D	D	M	M	Y	Y	Y	Y	6.2 Age (as at 10.02.2022)		Years		Months		Days		
7. Are you working at SLLDC		Yes / No		If yes your EPF No														
8. Qualifications																		
Name of the Degree/ Diploma or Certificate		University / Institute		Country		Duration		Effective date		Specialized in								
						From	To											
1.																		
2.																		
3.																		
4.																		

9. Other academic/ Professional Qualification

Name of the Qualification	Institute/ College	Country	Duration		Date of completed	Specialized in
			From	To		
1.						
2.						
3.						
4.						

10. Experience (Mention the latest job at first)

Designation	Name of the Institution	Duration		Immediate Supervisor's Position
		From	To	
1.				
2.				
3.				
4.				
5.				

11. Have you been an offender for criminal case by a court of Law? Yes / No

12. If Your answer is Yes give reasons.

13. Two Non related Referees

	Name	Address	Contact No.	Email Address
Referee 01				
Referee 02				

I hereby certify that the above given details are true and accurate to the best of my knowledge. I am aware that providing of false information renders my application invalid and if found subsequently to the appointment I will be dismissed without any compensation.

Date:.....
Signature of the Applicant

Certificate of Head of Department/ Institution

(only for the applicants serving in the Public Service/ Government Corporations/ Statutory Board)

DGM (HRD) - SLLDC

I recommended and forward the application of Mr./ Mrs./ Miss. holding the post of in this institution. I Certify that his/her work and conduct are satisfactory and that he/she has not been subject to any disciplinary action. He/ She can be released/ cannot be released from service if selected for this post.

Date
.....

**Signature of Head of Department/ Institution
(Official Stamp)**